

DECLARATION AND POWER OF ATTORNEY FOR CONTINUATION OF PCT APPLICATION

As a below named inventor, I hereby declare that:
my residence, post office address and citizenship are as stated below next to my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD FOR PROVIDING A BULLETIN BOARD FOR PLACING AN IMAGE AND METHOD FOR PROVIDING ELECTRONIC ALBUM SERVICE

described and claimed in the specification:

Check one

- * a. ☒ attached hereto.
b. ☐ filed on _____ as Application Serial No.

This application discloses and claims subject matter disclosed in my or our earlier filed pending application, International Application No. PCT/JP02/04811, filed May 17, 2002, benefit of the filing date of which is claimed under 35 U.S.C. §120.

I have reviewed and understand the contents of this application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to said international application are hereby claimed:

Japanese Patent Application No. 2001-149837 filed May 18, 2001
Japanese Patent Application No. 2001-149860 filed May 18, 2001
Japanese Patent Application No. 2001-149870 filed May 18, 2001

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to said international application, or (b) before the filing date of the above-named foreign priority application(s)

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;
Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463;
Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025; and
Richard E. Rice, Reg. No. 31,560.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 **Typewritten Full Name of Sole or First Inventor** _____
 2 **Inventor's Signature** _____
 3 **Date of Signature** _____
 Residence: _____
 Citizenship: JAPAN
 Post Office Address: _____
 (Insert complete mailing address, including country)

Setsu MITSUHASHI
 Given Name Middle Initial Family Name
 Setsu Mitsuhashi
 Nov. 13 2003
 Month Day Year
 Setagaya-ku, Tokyo, Japan
 City State or Province Country

C/O NIKON CORPORATION, 2-3, Marunouchi 3-chome,
 Chiyoda-ku, TOKYO 100-8331 JAPAN

1 **Typewritten Full Name of Joint Inventor** _____
 2 **Inventor's Signature:** _____
 3 **Date of Signature:** _____
 Residence: _____
 Citizenship: JAPAN
 Post Office Address: _____
 (Insert complete mailing address, including country)

Akira OHMURA
 Given Name Middle Initial Family Name
 Akira Ohmura
 Nov. 12 2003
 Month Day Year
 Shibuya-ku, Tokyo, Japan
 City State or Province Country

C/O NIKON CORPORATION, 2-3, Marunouchi 3-chome,
 Chiyoda-ku, TOKYO 100-8331 JAPAN

1 **Typewritten Full Name of Joint Inventor** _____
 2 **Inventor's Signature:** _____
 3 **Date of Signature:** _____
 Residence: _____
 Citizenship: JAPAN
 Post Office Address: _____
 (Insert complete mailing address, including country)

Takashi TOIDA
 Given Name Middle Initial Family Name

 Month Day Year

 City State or Province Country

C/O NIKON CORPORATION, 2-3, Marunouchi 3-chome,
 Chiyoda-ku, TOKYO 100-8331 JAPAN

1 **Typewritten Full Name of Joint Inventor** _____
 2 **Inventor's Signature:** _____
 3 **Date of Signature:** _____
 Residence: _____
 Citizenship: _____
 Post Office Address: _____
 (Insert complete mailing address, including country)

Given Name Middle Initial Family Name

 Month Day Year

 City State or Province Country

1 **Typewritten Full Name of Joint Inventor** _____
 2 **Inventor's Signature:** _____
 3 **Date of Signature:** _____
 Residence: _____
 Citizenship: _____
 Post Office Address: _____
 (Insert complete mailing address, including country)

Given Name Middle Initial Family Name

 Month Day Year

 City State or Province Country

*If Box a. is checked, this form may be executed only when attached to the specification (including claims) at the end thereof. This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains. Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

1 **Typewritten Full Name**
of Sole or First Inventor Setsu MITSUHASHI
Given Name Middle Initial Family Name
2 **Inventor's Signature**
3 **Date of Signature**

Residence: City State or Province Country

Citizenship: JAPAN

Post Office Address: C/O NIKON CORPORATION, 2-3, Marunouchi 3-chome,
(Insert complete mailing address, including country) Chiyoda-ku, TOKYO 100-8331 JAPAN

1 **Typewritten Full Name**
of Joint Inventor Akira OHMURA
Given Name Middle Initial Family Name
2 **Inventor's Signature:**
3 **Date of Signature:**

Residence: City State or Province Country

Citizenship: JAPAN

Post Office Address: C/O NIKON CORPORATION, 2-3, Marunouchi 3-chome,
(Insert complete mailing address, including country) Chiyoda-ku, TOKYO 100-8331 JAPAN

1 **Typewritten Full Name**
of Joint Inventor Takashi TOIDA
Given Name Middle Initial Family Name
2 **Inventor's Signature:** Takashi Toida
3 **Date of Signature:** Nov 12 2003
Month Day Year

Residence: Ageo-shi Saitama-ken Japan
City State or Province Country

Citizenship: JAPAN

Post Office Address: C/O NIKON CORPORATION, 2-3, Marunouchi 3-chome,
(Insert complete mailing address, including country) Chiyoda-ku, TOKYO 100-8331 JAPAN

1 **Typewritten Full Name**
of Joint Inventor Given Name Middle Initial Family Name
2 **Inventor's Signature:**
3 **Date of Signature:**

Residence: City State or Province Country

Citizenship: _____

Post Office Address: _____
(Insert complete mailing address, including country)

1 **Typewritten Full Name**
of Joint Inventor Given Name Middle Initial Family Name
2 **Inventor's Signature:**
3 **Date of Signature:**

Residence: City State or Province Country

Citizenship: _____

Post Office Address: _____
(Insert complete mailing address, including country)

If Box a. is checked, this form may be executed only when attached to the specification (including claims) at the end thereof. This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains. Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.